CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	ACCOUNT#			2 Total pages filed:							
				4							
3		MS/MRS/MR	FIRST			N	11				
	CANDIDATE / OFFICEHOLDER						•	(OFFICE	USE ONLY	
	NAME	Mr	Julian					Date Rec	eived		
		NICKNAME	LAST				SUFFIX	ı			
			Castro					l			
4	ORIGINAL							1			
	REPORT TYPE		Date Hand-delivered or Date Post			r Date Postmarke	ed				
		3 Days Before Main E	Election					ı			
		Days Delote Main L	_10011011								
								Receipt #	•	Amount	
5	ORIGINAL	Month Day Year		1	Month	Day	Year	Legal		Totals	
	PERIOD COVERED	4/00/000=	THROUGH	Н		_ /- /		Date Processed			
		4/28/2005			5/3/2005			Date Imaged			
6	EXPLANATION OF										
	CORRECTION	Data Fata / Face									
		Data Entry Error.									
7	AFFIDAV/IT										
,	7 AFFIDAVIT										
				Lsv	vear, oi	affirm, ui	nder per	nalty of	perjury	, that	
	this corrected report is true										
	·										
AFFIX NOTARY STAMP / SEAL ABOVE						Signa	ture of Cand	lidate or Of	ficeholder		
						J					
	Sworn to and subscribe	Mr Ju	lian Castro			thin the	5th	w of	May	20 0	5
,	Sworn to and subscribed before me by Mr Julian Castro this the this this the this the this this the this this the this the this this the this this the this the this this the this this the this this the this this this the this this this the this this this this this this this this										
'											
_											
Si	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath										

Remember To Attach Any Part Of The Campaign Finance Report Form **Needed To Report And Explain Corrections**

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 ACCOUNT# (Ethics Commission filers)					2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FI	IRST	MI	OFFICE	USE ONLY		
NAME		ulian _{AST}	SUFFIX	Date Received			
	С	astro					
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUIT	TE#; CITY;	STATE; ZIP COD	E			
ADDRESS Change of Address	715 E. Sunshine San Antonio, TX 78228			Date Hand-delivered	or Date Postmarked		
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE N	UMBER	EXTENSION				
PHONE	(210) 732-2636			Receipt #	Amount		
6 CAMPAIGN TREASURER		IRST .	MI	Date Processed	-		
NAME		oaquin	SUFFIX	Date Imaged			
	(Castro					
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLE	ASE); APT/SUITE#;	CITY; STATE;	ZIP CODE			
ADDRESS (Residence or business	143 Globe San Antonio, TX 78228						
8 CAMPAIGN TREASURER PHONE	(210) 573-1267	UMBER	EXTENSION				
9 REPORT TYPE	(210) 010 1201						
3 Days Before Main Election							
10 PERIOD COVERED	Month Day Year	THROUGH	Month	Day Year			
	4/28/2005		5/3/200	05			
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	_		_		
	5/7/2005	Primary	Runoff	X General	Special		
12 OFFICE	OFFICE HELD (If any)		13 OFFICE SOUGHT (II	known)			
	City Council - District 7 Mayor						
14 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.						
EXPENDITURE BY OTHER INDIVIDUALS	Name						
	Address / PO Box; Apt. / Suite #;	City; State; Zip Code					
additional pages							
GO TO PAGE 2							

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Revised 11/05/2003

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

45.000000000000000000000000000000000000			AAAAAAAAAAAAA			
15 C/OH NAME 16ACCOUNT#(Ellnics						
Mr Julian Castro 17 NOTICE FROM POLITICAL	may have been made	ice of political expenditures by political committees to support the candidate / officeholder. These expenditures without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report of they receive notice of such expenditures.				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
GENERAL SPECIFIC		COMMITTEE ADDRESS				
additional pages		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$941.00			
	2. TOTAL (OTHER	\$48512.50				
EXPENDITURE TOTALS	3. TOTAL F	\$0				
	4. TOTAL	\$0				
CONTRIBUTION BALANCE	5. TOTAL F OF REPO	\$104733.58				
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST DA	\$0				
19 AFFIDAVIT			perjury, that the accompanying report nformation required to be reported by			
Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribed before me, by the said Mr Julian Castro, this the 5th day of May, 20 05, to certify which, witness my hand and seal of office.						
Signature of officer ad	ministering oath	Printed name of officer administering oath Ti	tie of officer administering oath			

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	POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS							
	The Instruction	N GUIDE explains how to complete this form.		Total pages Schedule A: 1 of 1				
2	FILER NAME Mr Julian C			3 ACCOUNT # (Ethics Commission filers)				
4	Date 4/29/2005	5 Full name of contributor out-or-state PAC (ID# Mr. & Mrs. Shannon Livingston 6 Contributor address; City; State; Zlp Code 13300 Old Blanco Road, Apt/Suite: 325 San Antonio, TX 78216		7 Amount of contribution (\$) 2000.00	8 In-kind contribution description (if applicable)			
9	Principal occu	pation / Job title (See Instructions)	10 Employer (See Instructions)					
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)					
	Date	Full name of contributor □ out-or-state PAC (ID# Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)					
	Date	Full name of contributor □ out-or-state PAC (ID# Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)					
	Date	Full name of contributor out-or-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)			
	Principal occu	pation / Job title (See Instructions)	Employer(See In	structions)				

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.